## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: PRAIRIE VIEW (510043)

Address: 6808 W CAMERON ST, EAU CLAIRE, WI 54703

**License Status: REGULAR** 

Licensed/Certified/Registered 05/27/1983

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

	Survey History			
G ID 0004	F 15	T. OTHER	D. GYIDYITY	
Survey ID: 0094553	End Date: 04/12/2005	Type: OTHER	Purpose: SURVEY	

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091888 End Date: 01/29/2004 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091657 End Date: 11/07/2003 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10006332 Served 12/02/2003

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Corrected</u> <u>Verified</u> <u>Corrected</u>

50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS 01/13/2004 Yes

Survey ID: 0090940 End Date: 09/09/2003 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.